

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant
 2343 Highland Farm Rd NW, Roanoke VA 24017
 Permit Number: VAG840067

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETALLIC MINERAL MINING
 DISCHARGE MONITORING REPORT (DMR)**

RETURN TO

Department of Environmental Quality
 Blue Ridge - Roanoke Regional Office
 901 Russell Drive, Salem VA 24153
 (540) 562-6700

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE
 COMPLETING THIS FORM AND RETURNING IT.

Discharge:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2021	07	01	2021	09	30

FROM TO

Outfall Num: 006

Reporting Frequency: Quarter

Run Date: Jul 23, 2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTD				*****	*****	*****		1/3M	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****	0	1/3M	EST
002 pH	REPORTD	*****	*****			*****			1/3M	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU	1/3M	GRAB
004 TSS	REPORTD	*****	*****		*****				1/3M	GRAB
	REQRMNT	*****	*****		*****	30	60	MGL	1/3M	GRAB

Additional Permit Requirements (Outfall 006):
 Comments:

No Flow

PERMITTED FACILITY
 Rockydale Quarries Corporation - Rockydale Plant
 2343 Highland Farm Rd NW, Roanoke VA 24017
 Permit Number: VAG840067



COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETALLIC MINERAL MINING
 DISCHARGE MONITORING REPORT (DMR)

RETURN TO
 Department of Environmental Quality
 Blue Ridge - Roanoke Regional Office
 901 Russell Drive, Salem VA 24153
 (540) 562-6700

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE
 COMPLETING THIS FORM AND RETURNING IT.

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

BYPASS AND OVERFLOWS		
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
Michael Chopski			2021	09	30
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
Michael Chopski		540-705-7150	2021	09	30
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY